

11 FEB -8 AM 10:13

**FEC FORM 2**  
**STATEMENT OF CANDIDACY**

1. (a) Name of Candidate (in full)

Mr. Sheldon Whitehouse

(b) Address (number and street)

☐ Check if address changed

2. Identification Number

S6B100221

P.O. Box 40280

(c) City, State and ZIP Code

3. Is This  
Statement ☐ New  
(N) OR ☒ Amended  
(A)

Providence

RI

02940

4. Party Affiliation

5. Office Sought

6. State &amp; District of Candidate

DEMOCRATIC PARTY

Senate

RI 00

**DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE**

 7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2012 election(s).  
 (year of election)

**NOTE:** This designation should be filed with the appropriate office listed in the instructions.

(a) Name of Committee (in full)

Whitehouse for Senate

(b) Address (number and street)

P.O. Box 40280

(c) City, State and ZIP Code

Providence

RI

02940

**DESIGNATION OF OTHER AUTHORIZED COMMITTEES**

(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

**NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

Rhode Island/Ohio Victory Fund

(b) Address (number and street)

426 C St. NE

(c) City, State and ZIP Code

Washington

DC

20002

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct, and complete.

Signature of Candidate

Date

January 26 2011

**NOTE:** Submission of false, erroneous or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

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**DESIGNATION OF OTHER AUTHORIZED COMMITTEES****[ ADDITIONAL ]**

(Including Joint Fundraising Representatives)

I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

**NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

CA RI MN MD Victory Fund

(b) Address (number and street)

426 C St. NE

(c) City, State and ZIP Code

Washington

20002

**DESIGNATION OF OTHER AUTHORIZED COMMITTEES****[ ADDITIONAL ]**

(Including Joint Fundraising Representatives)

I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

**NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

RI MN MD Victory Fund

(b) Address (number and street)

426 C St. NE

(c) City, State and ZIP Code

Washington

20002

11020062526

# United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

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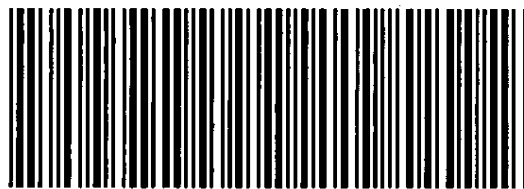
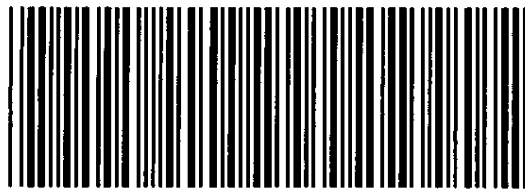
PREPARER

RD

DATE PREPARED

02-08-11

11020052527



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